

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037953

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 5104

Registrar's No. 124

FILED OCT 17 1962

## 1. PLACE OF DEATH

a. COUNTY

Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Moss Creek

Length of stay in 1b  
7 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 3 miles west of Carrollton

Inside Limits  
No ☒ Yes ☐

c. CITY  
OR TOWN

Carrollton RR #5

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
3 miles west of town

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

Charles Edgar Austin

4. DATE OF DEATH

Month

Day

Year

Oct. 12, 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
2-21-1920

9. AGE (last birthday)  
42

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer & Laborer

10b. KIND OF BUSINESS OR INDUSTRY  
Farm & food processing

11. BIRTHPLACE (City and state or country)  
Carroll County, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Albert T. Austin

13b. MOTHER'S MAIDEN NAME

Hattie Lilas Carroll

14. NAME OF HUSBAND OR WIFE

Betty Lou Hartwig Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. C.E. Austin, Carrollton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from At Coronary Care

and last saw her alive on

Death occurred at 12:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Deceased's Name)

22b. ADDRESS

22c. DATE SIGNED

Everett H. Smith

Coronary

1074 9th St. Carrollton, Mo.

10/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
10-13-1962

23c. NAME OF CEMETERY OR CREMATORY  
Oak Hill Cemetery

23d. LOCATION (City, town, or county)  
Carrollton, Missouri

(State)

24. FUNERAL DIRECTOR  
GIBSON

Address  
Carrollton, Mo.

25. DATE RECD. BY LOCAL REG.  
10-13-62

26. REGISTRAR'S SIGNATURE  
Ann Calcutt

OCT 23 1962

OCT 18 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James F. Tibson*

Licensed Embalmer No. 5076

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.